

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000056249**

1. Entity Name

K.C.A. HORIZONS Inc.



FILED

03 MAY 21 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3050 MICHIGAN AVE

Suite, Apt. #, etc.

3. Mailing Address

MICHIGAN AVE

Suite, Apt. #, etc.

3050

City & State

KISSIMMEE FLORIDA

City & State

KISSIMMEE FLORIDA

Zip

34744

Country

USA

Zip

34744

Country

USA

4. FEI Number

593656617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERT S. HAYES P.A.

Street Address (P.O. Box Number is Not Acceptable)

441 WEST VINE STREET

City

KISSIMMEE

FL

Zip Code

34741

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DONALD P JONES**
STREET ADDRESS **265 SATINWOOD CIRCLE**
CITY- ST- ZIP **KISSIMMEE FLORIDA 34743**

TITLE **✓**
NAME **Julie M. Jones**
STREET ADDRESS **265 SATINWOOD CIRCLE**
CITY- ST- ZIP **KISSIMMEE FLORIDA 34743**

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05/28/03--01065--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald Jones

DONALD JONES

05/01/03

321-624-8894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)